

Motor Vehicle Dealer / Manufacturer Record Disclosure Request

Requester Information

Name (Please print company or individual name)	Date of Request	Phone number ()
MAILING ADDRESS (Number and street)	City	State ZIP Code
		FAX number ()

1. Type of information or specific record(s) requested

Complaint/Case # (If Known) _____

2. State why you are requesting the information and how it will be used.

3. Will you give this personal information to others? ☐ NO ☐ YES (If YES explain)

4. Will you contact the owner(s) of record? ☐ NO ☐ YES (If YES explain how and why)

5. For business license information go to: <https://fortress.wa.gov/dol/dolprod/profquery>

THE REQUESTER IS: (Mark all that apply)

- ☐ An attorney (attach copy of business license or bar card number)
- ☐ A private investigator (attach copy of Private Detective license)
- ☐ An individual
- ☐ A WA business entity (Must provide a copy of the unexpired Washington Registrations and Licenses document (Master Business License), or City or County Business License.)
- ☐ A business entity outside WA state (Must provide a copy of the unexpired business license issued by the out-of-state jurisdiction where the business entity is authorized to do business or the business UBI number or Federal Tax ID number.)

Please mail or FAX completed application and supporting documentation to:

**Department of Licensing
Attn Public Disclosure
PO Box 9039
Olympia WA 98507-9039**

**FAX # (360) 586-6703
Attn Public Disclosure**